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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials <u>SA</u>	PA	43	33	11

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## TITLE

Medical examination and transcription method, and associated apparatus

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